

12-10-01

A / REISS

Please type a plus sign (+) inside this box ☒

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Box Reissue
Commissioner For Patents
Washington, DC 20231

Attorney Docket No.

22728-06523

First Named Inventor

David Green

Original Patent Number

6,072,933

Original Patent Issue Date
(Month/Day/Year)

June 6, 2000

Express Mail Label No.

EL566299796US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

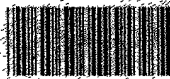
APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form ((PTO/SB/56)
(original only))
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (unsigned)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☐ Original U.S. Patent for Surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney**ACCOMPANYING APPLICATION PARTS**

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration (if applicable)
10. ☐ *Small Entity ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
11. ☒ Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other: _____

***NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

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PATENT TRADEMARK OFFICE

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Name (Print/Type)

Rajiv P. Patel

Registration No. (Attorney/Agent)

39,327

Signature

Date

December 6, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

22728-06523

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate Fee	
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 138	**** 118 =	x \$ _____ =		or	x \$18.00 = 2124.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$ _____ =			x \$84.00 = 588.00
Basic Fee (37 CFR 1.16(h))							\$ _____
Total Filing Fee					\$ _____	OR	\$ 3452.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 138	MINUS	** 20 =	* = 118	x \$ _____	or	x \$18.00 = 2124.00	
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS	***** 3 =	= 7	x \$ _____		x \$84.00 = 588.00	
Total Additional Fee					\$ _____		OR	\$2712.00

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Please charge Deposit Account No. _____ in the amount of _____.
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☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ PLEASE DEFER to cover the filing fee is enclosed.

December 6, 2001

Date



Signature of Applicant, Attorney or Agent of Record

Rajiv P. Patel, Reg. No. 39,327

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.